NICE National Institute for Health and Care Excellence

Expert testimony to inform NICE guideline development

Section A: Developer to complete	
Name: Stephen McGowan	
Role:	National Lead (IRIS)
	Clinical Lead (NHS England)
Institution/Organisation (where applicable):	Initiative to Reduce the Impact of Schizophrenia
	NHS England (North)
Contact information: ██████████ ███████████████████████ ████ ███████████ ███████████ ██████████████ ████████████ ████ ██████████ █████████████████ █████████████ █████████████ ██ ███████ █████ █ ████████████ █ ███ █████████████	
Guideline title: **NICE guideline on Severe mental illness and substance misuse (dual diagnosis)**	
Guideline Committee: **Public Health Advisory Committee**	
Subject of expert testimony: **Early Intervention in Psychosis services**	
Evidence gaps or uncertainties:	[Research questions or evidence uncertainties that the testimony should address are summarised below]

Section B: Expert to complete

Summary testimony:	[Please use the space below to summarise your testimony in 250–1000 words.]

Psychosis

NICE define psychosis as 'a major psychiatric disorder (or cluster of disorders) that alters a person's perception, thoughts, mood and behaviour. Symptoms are usually divided into 'positive symptoms', including hallucinations (perception in the absence of any stimulus) and delusions (fixed or falsely held beliefs), and 'negative symptoms' (such as emotional apathy, lack of drive, poverty of speech, social withdrawal and self-neglect). Each person will have a unique combination of symptoms and experiences'.

Psychosis is commonly associated with a number of other conditions, such as depression, anxiety, post-traumatic stress disorder, personality disorder and substance misuse (NICE, 2014).

First Episode Psychosis

The early phase of psychosis is a critical period influencing the long-term trajectory. The early course of the disorder is particularly malleable to intervention with major implications (opportunities) for secondary prevention. Birchwood's (2000) 'Critical Period' hypothesis states that:

- Disability develops aggressively in the first 3 years;
- Social/personal functioning stabilises after 3-5 years.

Suicide risk is particularly high in the years following a first episode of psychosis, which has typically resulted in progressive deterioration in health and functioning. Failure to effectively treat first episode psychosis leads to:

- Interference with psychological and social development
- Disruption of study/employment
- Loss of self esteem
- Substance and alcohol misuse
- Violence/criminal activities
- Strain on relationships
- Family distress
- Increased risk of depression and suicide
- Undesirable pathways to care inc. MHA
- Unnecessary hospitalisation/Intensive Home Treatment
- Secondary trauma
- Slower/less complete recovery
- Treatment resistance
- Poorer prognosis
- Increased cost of management

The critical period is therefore a 'window of opportunity' for effective care and treatment and Early Intervention has been found to substantially improve recovery outcomes.

Incidence

New episodes of psychosis occur at a rate of 32 per 100,000 per year in the 16-65 yr age group (Psymaptic, 2015). There is a link between deprivation and incidence and there is increased risk in the offspring of non-white migrants. Care leavers and victims of sexual abuse have been found to be at higher risk of developing psychosis. NICE requires that Early Intervention services assess for post-traumatic stress disorder and other reactions to trauma because people with psychosis or are likely to have experienced previous adverse events or trauma associated with the development of the psychosis or as a result of the psychosis itself (NICE 2014). Incidence rates at much higher than the average rates are observed in inner-cities and areas of high deprivation.

Service model

Early intervention in psychosis (EIP) 'amounts to deciding if a psychotic disorder has commenced and then offering effective treatment at the earliest possible point and secondly ensuring that intervention constitutes best practice for this phase of illness, and is not just the translation of standard treatments developed for later stages and more persistently ill subgroups of the disorder' (McGorry et al 1996).

The Early Intervention model can be summarised in the following illustration:
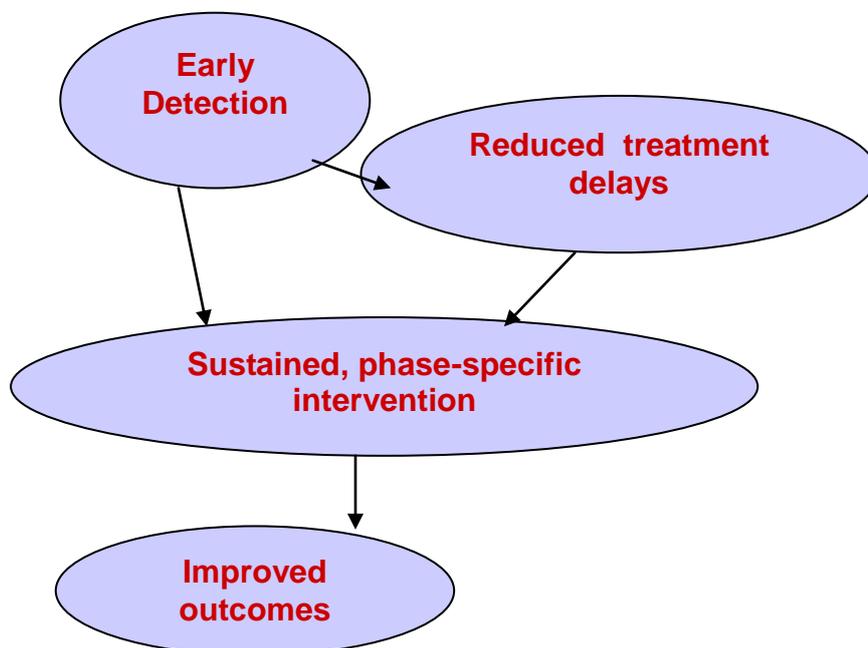
Early Intervention in Psychosis services deliver evidence-based interventions in a positive, youth-friendly setting. They improve outcomes, are cost effective and have high service user acceptability and engagement (NICE 2014). An optimum, evidence based service model was defined in the Government's Policy Implementation Guide in 1999 and recently reviewed and updated by NHS England to ensure concordance with the latest NICE guidelines for psychosis. Key features of the Early Intervention model are:

- A specialist expanded multidisciplinary team
- Assertive Community Treatment approach
- Low Caseloads (<15 per care coordinator)
- Emphasis on easy access and early detection
- Prevention and interventions for people with at-risk mental states (ARMS)
- A social and developmental focus
- Attention to co-morbidities: Anxiety, depression, PTSD and substance misuse
- A 3-5 yr service for people aged 14-65
- A 'NICE concordant' care package

NICE concordant care includes:

- People with a first episode of psychosis start treatment in early intervention in psychosis services within 2 weeks of referral.
- Adults and young adults with psychosis/ARMS are offered cognitive behavioural therapy for psychosis.
- Family members are offered family intervention.
- Service users that have not responded adequately to treatment with at least 2 antipsychotic drugs are offered clozapine.
- Service users who wish to find or return to work are offered supported employment programmes.
- Service users have specific comprehensive physical health assessments.
- Service users are offered combined healthy eating and physical activity programmes, and help to stop smoking.
- Carers are offered carer-focused education and support programmes.

Referral pathways

Delayed treatment is strongly linked to worse outcomes for people with psychosis. This has led to the introduction, for the first time in mental health, of explicit access and waiting time targets. From April 2016 a 14 day target from referral to Early Intervention is mandated and incorporated into the national minimum data set, overseen by Monitor.

Because the highest levels of incidence are found in adolescence and young adulthood, Early Intervention teams need to be youth friendly and avoid unnecessary transitions for children. Most Early Intervention teams work with the full age range (i.e. children and adults). Having CAMHS specialists in the team is regarded as best practice and access to CAMHS expertise as a minimum. Where EIP is provided in a CAMHS service, transitions within the first three years should be avoided.

Dual Diagnosis

Substance misuse is a common co-morbidity for people with first episode psychosis and this is understandable given the age and demographics of high risk populations. Using substances to relieve the symptoms of psychosis is also well understood. Early Intervention teams are required to actively address substance misuse problems with their clients in accordance with NICE guidelines for severe mental illness and substance misuse. Joint working with specialist drug treatment services is required where specialist prescribing is

necessary. In the context of a first episode psychosis the EIP team would always be the lead agency for care coordination and substance use would never be a reason for service exclusion. 'Drug induced psychosis' is generally regarded as an out of date and unhelpful concept, although some people who only experience psychosis when intoxicated would not be offered a service beyond assessment.

References to other work or publications to support your testimony' (if applicable):

Expert testimony papers are posted on the NICE website with other sources of evidence when the draft guideline is published. Any content that is academic in confidence should be highlighted and will be removed before publication if the status remains at this point in time.